

State of Illinois
Department of Employment Security
www.ides.illinois.gov



Notice of Appeal / Board of Review

Name of Appellant: Piotr W Rupniewski (Check One) (☒ Claimant ☐ Employer)
Claimant's SS#: _____ Address: 515 Surrey Ridge Dr. Address 2: (Apt/Floor/Unit) _____
City: Cary State: IL Zip Code: 60013 + _____
Date Appeal Filed: _____ Docket #: _____
Attachments: ☐ Letter of Appeal ☒ Other W2 forms, letters from the IDES

Instructions for Appeal: In the space below give the reasons why you disagree with the referee's decision. If applicable, explain why your appeal to the Board of Review is being filed late. Also, if applicable, explain why you did not attend the referee's hearing. (Use the reverse side of this document or attach a separate sheet, if necessary).

To Whom it may concern,

I would humbly ask you to reconsider my appeal to your decision about the repayment of benefits. This is my response to the three letters you have sent me recently. I would like to, respectfully appeal your decision in my case. I think there is a misunderstanding that occurred between myself and the department and I would like to clarify it. I originally applied for unemployment benefits for my job at Active Care Center on 5/17/2020 as a Physical Therapist. I then received notice of possible ineligibility on 6/3/2020. Subsequently, I decided to apply for benefits for my other job as a Home Health Physical Therapist at The Nework Resources, because pandemic caused the number of hours to be reduced to nearly zero. I got an approval letter from the department on 6/14/2020, and had been receiving benefits until I got a notice of possible ineligibility on 10/26/2020, and never reapplied since my income increased. What I think happened, is that perhaps there is an error in the system that shows Active Care Center instead of TNR as the place showed in my unemployment file. Whenever I called

* Note to claimant: You must continue to certify for benefits by Tele-Serve or Online for each two week period that you are unemployed during the appeal process.

Appellant Signature: _____ Date: _____

IDES Representative
Signature: _____ LO#: _____ Date: _____

Important Note: In accordance with IDES Administrative Rule 2720.315(b), if you include information on this form which you want the Board of Review to consider, you **must** explain why, for reasons not your fault and outside your control, you were unable to introduce this information at the hearing, and you must certify, by signing this form, that you have served a copy on the opposing party, and you **must** describe in writing how you served it (i.e., in person, certified mail, etc.) These requirements also apply to any other document or other evidence that you submit to the Board for their consideration. For information on additional requirements that must be met, see the IDES publication, "APPEALING TO THE BOARD OF REVIEW," available on-line or at any local IDES office. You **must** mail or hand-deliver a copy of your appeal to the opposing side. If you submit additional evidence, you **must** certify that you mailed it to the opposing side and you must explain why, for reasons not your fault and outside your control, you were unable to introduce this evidence at the hearing.

I _____, hereby certify, that I served a copy of this document on
(Name Printed or Typed)

_____ at _____ on _____
(Name Copy Served On) (Address) (Date)

by (Check One) (☐ certified mail or ☐ delivery in person).

Signature: _____ Date: _____

Cary, 11/7/2022

To Whom it may concern,

I would humbly ask you to reconsider my appeal to your decision about the repayment of benefits. This is my response to the three letters you have sent me recently. I would like to, respectfully appeal your decision in my case. I think there is a misunderstanding that occurred between myself and the department and I would like to clarify it. I originally applied for unemployment benefits for my job at Active Care Center on 5/17/2020 as a Physical Therapist. I then received notice of possible ineligibility on 6/3/2020. Subsequently, I decided to apply for benefits for my other job as a Home Health Physical Therapist at The Network Resources, because pandemic caused the number of hours to be reduced to nearly zero. I got an approval letter from the department on 6/14/2020, and had been receiving benefits until I got a notice of possible ineligibility on 10/26/2020, and never reapplied since my income increased. What I think happened, is that perhaps there is an error in the system that shows Active Care Center instead of TNR as the place showed in my unemployment file. Whenever I called the IDES, TNR wasn't showing in the system. Also in the Determination letter, mailed to me on 5/6/2022, it says, that I performed services in full-time work, and that's why I was ineligible for benefits. With all due respect, this is not correct. Between June 2020 and October 2020 my full-time job at Active Care Center was reduced to part-time job, and part-time job at The Network Resources was nearly completely gone because of Covid-19 pandemic. To support my statement, I am attaching my W2 forms from 2019, 2020, and 2021. Please compare my income at Active Care Center in 2020 to 2021 and TNR(AKA S2 HR Solutions) from 2019 to 2020, and see how much it decreased.

I would kindly ask that you give me a chance to present my case, and explain what I think happened, and where the confusion was, in either this letter (if you think it is enough), or over the phone during the hearing if you still have questions, or concerns regarding my case.

I have never had any intention to be at fault with the IDES and provided all the required documents and did biweekly certification. I assumed that since the system accepted my application I was following all the guidelines and sent all necessary paper work in order to be approved by the department.

Please reconsider your decision and allow me to be a part of the Waiver of Overpayment

Program, as I have used all the money I received (it was a huge help) to support my kids and wife, paid bills, and spent them on food and shelter.

The potential recupment of received benefits would cause an enormous financial hardship for me and my family.

Thank you in advance to your attention to this matter.

Piotr Rupniewski

State of Illinois
Department of Employment Security
www.ides.illinois.gov
Fax completed form to: 217-557-4913



**Request for Reconsideration of Claims Adjudicator's Determination
and, if applicable, Appeal to the Referee**

Claimant Information:

Last Name: Rupniewski First Name: Piotr MI: W
Claimant ID or Last 4 digits of SSN: _____

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

The reconsideration process is governed by section 703 of the Illinois Unemployment Insurance Act and 56 Ill. Adm. Code 2720.160 Reconsidered Finding or Determination. If your Request for Reconsideration becomes an Appeal as a result of the reconsideration process, your case will be forwarded to the appeals unit.

If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Appellant: (Check One) ☒ Claimant ☐ Employer (Employer, please provide Company Name and Account #)
Name: _____ Account #: _____

Section A: Reason for Request for Reconsideration

I disagree with the claims adjudicator's determination dated 06/27/2022, regarding overpayment in regular unemployment insurance because: (Give all your reasons and facts)

Dear IDES,

I would kindly like to request a waiver of recovery of overpayment of unemployment insurance.

Before the covid pandemic I had had one full time job and one part time job, and when covid hit I was left with only one part time job. The first application for unemployment benefits for Active Care Center (used to be full time job and became a part time job) was denied, and then I filled another application for The Network Resources (which was my part time job, that I had completely lost), and I was approved. Since then I was completing certification every other week. All the information provided were true. I assumed once I was approved, everything was ok on my and your side. I had been following all the requirements for certification and such, and I was never aware that I had any overpayment balance. At some point I restarted working at The Network Resources, and once I earned more than my weekly benefit amount allowed, I stopped receiving money from IDES. I never reapplied for benefits after that.

With all due respect the overpayment letter send to me two years later shocked me. Since then we have been stressed out. My entire family is very worried that we would never be able to pay it off. We are just a regular, honest family of four, that lives from paycheck to paycheck and has no way to ever repay it.

I hope you could reconsider your decision based on our finatial situation, and the waiver of recovery of overpayment will be granted.

We would appreciate it very much.

Thank you in advance.

Bests regards,

* Note to claimant: You must continue to certify for benefits by Tele-Serve or Online for each two week period that you are unemployed during the appeal process.

Section B: Signature

Signature: 

Date: 09/08/2022

Name (Printed or Typed): Piotr W. Rupniewski

Telephone Number:

PART I

For Questions 1-10, check the item(s) that describes the reason for your overpayment(s):

	Reasons for your Overpayment(s)	
1	My overpayment occurred because I was a victim of fraud and someone stole my identity and/or personal information.	<input type="checkbox"/>
2	My overpayment occurred because the amount of the weekly benefits I was receiving was later reduced, but not reduced to \$0.	<input type="checkbox"/>
3	My overpayment occurred because I did not report some income for one or more weeks when I certified.	<input type="checkbox"/>
4	My overpayment occurred because a reconsidered determination or Administrative Law Judge's Decision changed an earlier determination that had found I was eligible for benefits.	<input type="checkbox"/>
5	My overpayment occurred because I did not report a pension payment(s) when I certified.	<input type="checkbox"/>
6	My overpayment occurred because after I received benefits it was later determined that I did not make enough wages in Illinois during the base period for my benefit year to be eligible for any benefits.	<input type="checkbox"/>
7	My overpayment occurred because after I received benefits in Illinois it was determined that I filed and collected benefits in another state.	<input type="checkbox"/>
8	My overpayment occurred because the child or spousal allowance I originally claimed was later determined to not be allowed.	<input type="checkbox"/>
9	My overpayment occurred because I received weeks of Extended Benefits (extra weeks beyond the regular 26 weeks of unemployment insurance benefits) but was later found to not be eligible for the Extended Benefits program.	<input type="checkbox"/>
10	Check here if you believe none of the above apply to you or you do not know why you received an overpayment.	<input checked="" type="checkbox"/>

PART II

You must answer this question truthfully and to the best of your ability in order to seek a waiver. You can provide supporting documentation, such as IDES letters or notices, eviction notices, utility bills, etc.:

Will the repayment of the overpayment cause you financial hardship; cause you to give up a valuable possession; or change your position for the worse? Please explain: YES, REPAYMENT WILL CAUSE ME A FINANTIAL HARDSHIP, BEC

Will the repayment of the overpayment cause you financial hardship; cause you to give up a valuable possession; or change your position for the worse? Please explain:

THE REPAYMENT OF THE OVERPAYMENT WILL CAUSE ME A FINANTIAL HARDSHIP, BECAUSE I HAVE A FAMILY (WIFE & 2 TEENAGE SONS) TO SUPPORT FINANCIALLY. I BASICALLY LIVE FROM PAYCHECK TO PAYCHECK EACH MONTH & BARELY HAVE ANY SAVINGS. THE COST OF LIVING IS VERY HIGH NOW & WE'RE JUST A REGULAR FAMILY THAT NEEDS ALL OF THEIR BILLS PAID ON TIME. DURING COVID WE WERE FORCED TO START USING CREDIT CARDS & THAT IS ANOTHER HARDSHIP FOR US TO TRY TO PAY THEM OFF EACH MONTH.

Certification and Signature

I have made this statement in order to obtain waiver of recovery of the unemployment insurance overpayment(s) listed above. I am aware that the law requires me to provide accurate and truthful information, or I may be subject to penalties. I provided accurate and truthful information on this form.

Claimant Signature: K. M. K. G. S. S. Date: 07/08/2022

NCZW00IT002801020200